



STATE OF DELAWARE Federal Aid Master (FM)

*Required

*Date: _____ *Name of Requestor: _____ Phone #: _____
 *Organization: _____ *Dept ID: _____ *Requestor's email: _____

*Submit form to:
 State of Delaware
 Office of Management and Budget
OMB_FM@state.de.us

Source of Funding	Amount (\$s and ¢s)	Increase/Decrease
Federal Funds	\$	Select from list
Carry Over	\$	Select from list
Project Income	\$	Select from list
TOTAL	\$	Select from list

*OMB State Application Identifier (SAI)	*Project Title	*CFDA #	*R/D Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No

GR_GROUP (Federal Parent)									
*Action	*Bud Ref	*Fund	*Approp	*Bud Acct	Begin Date	End Date	Amount		
							\$		
GR_DETAIL (Federal Child)									
*Action	*Bud Ref	*Fund	*Dept ID	*Approp	*Bud Acct	*Project ID	Begin Date	End Date	Amount
									\$
									\$
GR_G_REV (Revenue)									
*Action	*Bud Ref	*Fund	*Dept ID	*Approp	*Bud Acct	*Project ID	Begin Date	End Date	Amount
									\$

ACTION CODES

E – add a new appropriation

M – modify appropriation amount/end date

EXPLANATION:

Prepared By: _____	Date: _____	Approved By: _____	Date: _____
OMB USE ONLY			
Entered in System By: _____	Date: _____	Record Journal ID #: _____	

All submissions must include back-up documentation.